

Envoy Medical Systems, LP
1726 Cricket Hollow
Austin, Texas 78758
Fax 512/491-5145

IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

October 27, 2004

Re: IRO Case # M2-05-0144

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a physician who is Board Certified in Psychiatry, and who has met the requirements for the TWCC Approved Doctor List or who has been granted an exception from the ADL. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Denial letters
3. Letter from patient 12/18/03
4. Carrier report 8/11/04
5. LPC consultation report 7/29/04
6. Note 6/29/04
7. Lumbar myelogram report 5/17/04

8. Lumbar x-ray report 11/12/03
9. Epidural injection note 4/12/04
10. MRI report 1/20/04
11. NCS report 1/19/04
12. Notes 3/12/04, 4/20/04, 4/27/04
13. Note 8/26/04
14. Note 12/18/03

History

The patient is a 42-year-old male who injured his lower back in ____ while lifting a 50 pound box. He was diagnosed with L4-5 stenosis and left L5 radiculopathy. He was treated with physical therapy, pain medications, epidural injections and Effexor. He continues to have pain in his back and left leg. Two surgeons have recommended surgical decompression. He was referred for a psychological evaluation by a pain management physician on 4/27/04. On 7/29/04 he consulted a Behavioral LPC on the advice of his chiropractor. The patient complained of anxiety, depressed mood and insomnia. He was diagnosed with Adjustment Disorder. There was no record provided of any psychiatric evaluation or treatment.

Requested Service(s)

Individual psychotherapy, biofeedback modalities

Decision

I agree with the carrier's decision to deny the requested psychotherapy and biofeedback modalities at this time.

Rationale

Given that the patient's pain might not improve without surgical intervention, it is likely that individual psychotherapy by itself would be marginally effective at this time. It is understandable that the patient might want to avoid surgery. Given the level of his pain complaints and psychiatric symptoms, it would be more appropriate to have a psychiatric evaluation. It is possible that the patient might need psychiatric medication, individual psychotherapy or participation in a structured pain program. Before approving individual psychotherapy, further evaluation should be performed and reviewed.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

If disputing other prospective medical necessity (preauthorization) decisions, a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 142.5(c)).

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings / Appeals Clerk
P.O. Box 17787
Austin, Texas 78744
Fax: 512-804-4011

The party appealing this decision shall deliver a copy of its written request for a hearing to other party involved in this dispute.

Sincerely,

In accordance with Commission Rule 102.4 (b), I hereby certify that a copy of this Independent Review Organization (IRO) decision was sent to the carrier and the requestor or claimant via facsimile or US Postal Service from the office of the IRO on this 27th day of October 2004.

Signature of IRO Representative:

Printed Name of IRO Representative: